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# Worldwide Report

EPIDEMIOLOGY

No. 184



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1 May 1980

## WORLDWIDE REPORT

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## AUSTRALIA

### BRIEFS

AMOEBC MENINGITIS SCARE--Perth.--Health surveyors in Western Australia are searching the Perth suburb of Armadale for at least 30 children who may have been swimming in a backyard pool involved in an amoebic meningitis scare. A seven-year-old boy is critically ill in Princess Margaret Hospital after swimming in the pool, which is in his family's backyard. He has a form of meningitis, but State Health Laboratory tests for amoebic meningitis are still negative. The boy was admitted to hospital on Sunday afternoon and doctors considered his condition serious enough to make amoebic meningitis a possible diagnosis. [Text] [Sydney THE SYDNEY MORNING HERALD in English 7 Mar 80 p 3] There is confusion over the reporting of the amoebic meningitis organism in the Swan River. After a warning by the Swan Shire Council on Thursday that the organism had been found near the Middle Swan Bridge, the Minister for Health, Mr Young, yesterday denied that the amoebic meningitis organism had been found in the Swan River. The PHD yesterday released the latest results of findings of the amoebic meningitis organism, temperature-tolerant naegleria, from samples submitted to it. There have been three positive findings in Quairading--at a kitchen tap in the hospital, at a tap in the high school and in the feed to the balance tank. Other positive findings were at a private pool filter in Kalamunda, the meat-works pool at Wyndham, the distribution tank at York and the golf club at Cunderdin. [Excerpts] [Perth THE WEST AUSTRALIAN in English 15 Mar 80 p 3]

QUEENSLAND CHOLERA TESTS--For the first time in three weeks, raw water samples from the Mount Crosby treatment center have been cholera-free. Two samples taken from the treatment works at the weekend passed all tests. Council officers would make a third test about midday today, the works and water supply committee chairman, Alderman St Ledger, said yesterday. Alderman St Ledger said there had been 12 positive cholera tests in the Brisbane River in a month. He said the positive samples ranged across an area from near the source of the river to inside the Mount Crosby treatment works. Brisbane's water treatment process, reputedly the most thorough in Australia, kept city water pure at all times, Alderman St Ledger said. [Excerpts] [Brisbane THE COURIER-MAIL in English 11 Mar 80 p 8] The State Government will order councils to erect signs warning people not to drink water in areas where cholera organisms have been found. The Health Minister, Sir William Knox, told State Parliament

yesterday there was concern about council members who did not think the signs were necessary. Sir William said a meeting of Health Department and Brisbane City Council officers decided last week to continue and expand water supply testing. Sir William said plans were being made to make pathology tests for possible cholera contamination in diarrhoea cases. He said Health Department officers were still trying to trace sources of contamination along the Brisbane, Albert and Logan Rivers. Sir William said the World Health Organisation would publish later this year the findings of the 22-month investigation of the Albert and Logan Rivers. [Excerpts] [Brisbane THE COURIER-MAIL in English 12 Mar 80 p 11]

ANTHRAX IN VICTORIA--Melbourne.--A case of anthrax has been reported by the Fairfield Infectious Diseases Hospital. In his report to the board of management at its meeting yesterday, the chief executive officer, Dr Noel Bennett, said the case concerned a man aged 44 who works at a Shepparton knackery. An abrasion on the man's left index finger was contaminated by material from a cow which died from anthrax. The report said the patient was recovering. [Text] [Sydney THE SYDNEY MORNING HERALD in English 13 Mar 80 p 3]

FLU VACCINE AVAILABLE--Supplies of 1980 influenza virus vaccine are now available in all States. The director of the Commonwealth Serum Laboratories, Dr Neville McCarthy, said annual vaccination was recommended for people with high-risk conditions. Vaccination was also recommended for people over 65. [Excerpts] [Sydney THE SYDNEY MORNING HERALD in English 5 Mar 80 p 11]

PUBLIC HEALTH RECORDS--Canberra.--The community's health will soon be filed, charted and graphed so that the Federal Government can tell at a glance how its citizens are feeling. The Minister for Health, Mr. MacKellar, revealed yesterday that his department was developing a set of health figures "which will be used to assess the level of health, just as consumer prices indices are used to assess the economic state of the community." [Text] [Melbourne THE AGE in English 4 Mar 80 p 3]

HEALTH SCHOOL CHANGE--A change is about to overcome the School of Public Health and Tropical Medicine at Sydney University. On Monday, after 50 years of service to the Australian community, the school will be closed, only to reopen as the Commonwealth Institute of Health. The name change is not a superficial gesture. It reflects a swing away from the school's traditional interest in such topics as the control of infectious diseases, hygiene and public health measures, to subjects more relevant to the end of the twentieth century: monitoring the health of the nation, investigating health in the workplace, checking contamination of the environment, and health services administration and health promotion. [Excerpts] [Sydney THE SYDNEY MORNING HERALD in English 1 Mar 80 p 2]

CSO: 5400

## BANGLADESH

### BRIEFS

FREE FROM KALA-AZAR--Health Minister Prof. M.A. Matin told the Jativa Sangsad on Thursday that there was no existence of Kala-azar in Bangladesh for a long time. Replying to a call attention notice by Mr M.A. Matin (ML) the Health Minister said that instance of Kala-azar were in the country long ago. But, he said, at present Bangladesh was absolutely free from the disease. In his notice, quoting daily ITTEFAQ of March 11, Mr Matin said that there had been evidence of Kala-azar in certain villages of Shahjampur police station of Pabna. Replying to the notice, the Health Minister said that after investigation it was found that those were ordinary cases of fever. He said that the report was totally baseless and motivated. A rejoinder from the Ministry was sent to daily ITTEFAQ in this regard, he said. [Text] [Dacca THE BANGLADESH TIMES in English 21 Mar 80 p 1]

CSO: 4220



# SUCAM DEVELOPS PROGRAM TO ERADICATE YELLOW FEVER

Rio de Janeiro O GLOBO in Portuguese 7 Mar 80 p 6

[Text] Brasilia--The Superintendency for Public Health Campaigns (SUCAM) is developing a program of epidemiological alert aimed at ridding Brazil, within 3 years, of the mosquito, "aedes aegypti," a transmitter of urban yellow fever. The last case of the disease occurred in 1942; but the mosquito still exists in Rio de Janeiro State, Bahia and Rio Grande do Sul, despite eradication campaigns in 1955 and 1977.

In addition to recommending that anyone coming to the Amazon River region be vaccinated against yellow fever, the Ministry of Health, with which SUCAM is affiliated, appointed a technical committee to investigate the extent of the disease in Brazil. That committee suggested that inspection be stepped up at the country's ports and airports, places where the mosquito's eggs and larvae remain until they reach the winged (adult) stage, at which time they transmit the disease.

SUCAM will combat the adult insect with an insecticide known as Sumithion, the larva with phosphorated insect-killer and the sites with ordinary insecticides. After that task is completed, the prefectures will clean up the vacant lots--since the mosquito prefers dark, humid places--and periodic inspections will then be made in the homes. The Ministry of Health also suggested to the Pan American Health Organization that all countries which have this mosquito in their territory develop a program for its eradication.

## Jungle Fever

Although urban yellow fever does not exist in Brazil, the country is the largest endemic area of jungle yellow fever in South America, for the disease is still found in the jungle, according to Minister Waldyr Arcoverde. The disease is transmitted when the mosquito bites a monkey and, subsequently, a human being who enters the jungle without being vaccinated. Its existence is clearly indicated when dead monkeys are found in the jungle.

ERRONEOUS DATA ON POLIOMYELITIS PROVIDED BY IBGE

Rio de Janeiro JORNAL DO BRASIL in Portuguese 9 Mar 80 p 20

[Text] Brasilia--The statistical information on epidemiology which IBGE [Brazilian Institute of Geography and Statistics] furnished the Ministry of Health and WHO--particularly on smallpox and poliomyelitis--was erroneous. Confirmation of this fact was made by the ministry on the basis of an analysis of the figures for 1969.

The discovery was made by experts who doubted the figures on smallpox, rapidly being eradicated, which were inconsistent with IBGE's reports. Through findings by the state Secretariats of Health, the Ministry of Health could see that the IBGE data did not agree with reality.

Two Systems

Until 1972, the official figures put out by the Ministry of Health, especially on poliomyelitis, were based on two different reporting methods: one used by the IBGE and the other by the Public Health Service Foundation. Not until 1973 did the Ministry of Health finally conclude that the methods were not realistic. Previously, surveys were made only in the capitals. Later, an agreement was made with the IBGE to use the official health services of the MS in the interior of the states, since this foundation has representatives throughout the country. IBGE's municipal agents visited all health stations in the interior, but the survey was limited.

From 1960 on, IBGE used questionnaires, delivered to the health stations and filled out once each year. After the questionnaires were completed by a health station employee, the IBGE sent them to the National Division of Epidemiology and Statistics, a department of the Ministry of Health, for proper analysis. The ministry now admits that those figures were never judiciously analyzed.

In 1969, the epidemiological division found discrepancies in the figures on smallpox. On that basis, it arrived at the conclusion that IBGE's statistical data were erroneous.

## Procedure Stopped

In 1973, the Ministry of Health finally decided to stop the procedure agreed upon with the IBGE for surveying the incidence of disease; after careful study, it began to use the reports of the state Secretariats of Health, received since 1968 and never used. This information was more correct as it was based on a weekly, rather than annual, survey, as made by the IBGE.

This was when WHO was receiving reliable statistical data from the ministry, still published by SESP [Special Public Health Service] in the Epidemiological Bulletin. Observing the reports sent to WHO and comparing the data sent until 1973 with the data collected after this date, scientist Albert Sabin concluded that Brazil was rapidly becoming immunized. For example, in 1971, IBGE's figures indicated that there were 31,000 cases of poliomyelitis, 19,000 in Sao Paulo alone. SESP's figures for the same year give an incidence of 2,800 cases.

The national secretary of Basic Health Actions said that, with regard to other communicable diseases, "IBGE's reports were much worse and the difference between that institute's reports and those of SESP were truly amazing. The problem," he continued, "is that those discrepancies had repercussions only on WHO, not on Brazil." Another factor which gives greater credibility to SESP's reports is that, despite covering fewer localities than the IBGE, SESP verifies all its data.

According to Sabin, contrary to the experience of the United States and European countries, poliomyelitis has a high endemic incidence in Brazil, a problem which cannot be solved with lightning-like vaccination. Due to the discrepancy in the reports sent to WHO, he suggested that a survey be made on a cross section comprising 10 percent of the students (1.4 million) born between 1969 and 1973.

According to reports issued by SESP, a Health Ministry foundation, the following cases of polio have been recorded in the country since 1968: 1,498 cases in 1968; 1,000 in 1969; 2,270 in 1970; 2,208 in 1971; 1,429 in 1972; 1,610 in 1973; 1,074 in 1974; 3,433 in 1975; 2,458 in 1976; 2,398 in 1977; 1,711 in 1978; and 2,234 in 1979.

According to the IBGE reports sent to WHO, which had not received data from Brazil until 1968, the following cases were recorded between 1969 and 1973: 11,832 in 1969; 11,545 in 1970; 31,111 in 1971; 6,270 in 1972; and 1,723 in 1973. From 1974 on, any information sent to WHO has come from the Ministry of Health.

8568

CSO: 5400

## BRAZIL

### BRIEFS

MEASLES OUTBREAK IN SANTA CATARINA--Florianopolis (O GLOBO)--The Secretariat of Health was informed yesterday about an outbreak of measles in the eastern part of the state which has already produced 306 victims. In providing the information, the Regional Administrative Health Center in Chapeco disclosed that the main foci of the endemic disease are located in the municipalities of Galvao, Sao Lourenco do Oeste, Sao Domingos and Abelardo Luz, where three deaths occurred recently. Because of the high number of cases recorded by health authorities, the Secretariat of Health decided to begin a campaign of mass vaccination for measles in the entire area, which includes 30 municipalities and approximately 600,000 inhabitants. [Text] [Rio de Janeiro O GLOBO in Portuguese 16 Mar 80 p 4] 8490

POLIO INCIDENCE IN ALAGOAS--Maceio--The rate of poliomyelitis cases increased almost 300 percent in the first quarter of 1980 compared with 1979 and the Alagoas secretary of health, Jose Fernandes Neto, admitted the existence of an outbreak. He appealed to parents to have their children vaccinated and remarked that the big problem faced in the state is the reaction to the vaccine. From January to last 13 March, 24 cases of polio were recorded compared with only 8 in 1979. The secretary warned that there is no reason to ignore the facts and he announced the beginning of a home vaccination drive on the 22nd. The goal is to vaccinate 75,000 children before June because of the severity of the outbreak. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 17 Mar 80 p 13] 8490

POLIO IMMUNIZATION CAMPAIGN--Brasilia (O GLOBO)--Technicians of the Ministry of Health are going today to the states of Minas Gerais, Goias, Mato Grosso, Mato Grosso do Sul Acre and the Territory of Rondonia to prepare, together with the state secretariats of health, the national campaign of immunization against poliomyelitis, which is to include 80

percent of the population exposed to the risk, or that is children from 2 months to 5 years of age. The first dose will be given on 14 June and the second on 16 August. The teams, made up of epidemiologists and health educators, will visit all the Brazilian states, sponsoring 3-day meetings to explain to state technicians the various aspects about the epidemiology of the disease, the operation of a vaccination program and community mobilization. The operational strategy envisages the use of INAMPS [National Institute for Social Security Medical Assistance] offices, churches, schools and clubs, in addition to mobile units and vaccination teams which will go from house to house. According to the minister of health, Waldeyr Arcoverde, the vaccination stations will be located especially in the most populated areas, on the outskirts of the big cities, towns and marshy areas, where the people who are most exposed to the risk of the disease are concentrated. In these areas, the minister explained, mobile vaccination stations will be set up to facilitate handling the movement of the target population, in addition to vaccination from house to house. [Text] [Rio de Janeiro O GLOBO in Portuguese 18 Mar 80 p 8] 8490

YELLOW FEVER FOCI IN SANTOS--Santos (O GLOBO)--SUCAM [Superintendency for Public Health Campaigns] teams discovered here yesterday two more foci of insect larvae of "aedes aegypti," the carrier of yellow fever. There are now 33 foci, all in Macuca District in the port area. Meanwhile cases of the disease were not recorded and SUCAM's yellow fever director, Antonio Carlos Rodopiano declared there was not any risk of infection. [Text] [Rio de Janeiro O GLOBO in Portuguese 15 Mar 80 p 6] 8490

## GREECE

### TUBERCULOSIS UPSURGE IN RECENT YEARS

Athens AKROPOLIS in Greek 22 Mar 80 pp 1, 9

[Article by Dr. Frangos]

[Text] Among all European countries Greece holds first place in the number of tuberculosis cases--a fact which gives the appearance of an epidemic. According to statistics, new tuberculosis cases have doubled within 1 year. More specifically, they increased from 6,760 in 1975 to 12,713 in 1976. In other words, the incidence of tuberculosis among the Greek population shows an index of 150 cases per 100,000 people. In Europe this index fluctuates between 10 and 13 per 100,000 people. Generally, this upsurge in the illness is attributed to the relaxation of the preventive measures.

The above was announced yesterday at a press conference organized by the Greek National Anti-Tuberculosis Association [EKEF]. The announcement was made by its president, Professor V. Papanikolaou, and other EKEF officers, all of whom pointed out that the illness is assuming epidemic proportions and presented relevant data with regard to this public health problem. Similar data were submitted in December 1979 to the social services minister in an official EKEF memorandum. The speakers pointed out that:

a. The high inter-contamination index in childhood contributes to the seriousness of the problem. According to international assessments, this index--the percentage, that is, of the positive tubercular reactions in children 10 to 12 years old--is the main proof for the existence or non-existence of the tuberculosis problem in a country. A special study by the Thoracic Diseases Research Institute shows that the inter-contamination index in Greece fluctuated to around 6 percent in Athens, 10 percent in Makedonia and to 18 percent in Thraki.

#### When TB Is Under Control

According to WHO factual information, tuberculosis can be controlled and be maintained at endemic levels when the inter-contamination index is less than 1 percent as is the case in EEC countries. When this index exceeds 1 percent tuberculosis assumes an epidemic character as is the case



in Greece today. The same unfavorable picture as concerns tuberculosis in our country is supported also by the annual counting the Ministry of Social Services made of the tuberculosis cases (data mentioned earlier in this article).

Finally, the Armed Forces Health Service [TYSD] has reported a high incidence of tuberculosis among the recruits. In the period between 1960 and 1972 the service found that 120 out of every 100,000 recruits were suffering from tuberculosis. Moreover, following the appearance of epidemics in certain units, the Armed Forces has mobilized the Microradiography Units for the detection of TB cases among the troops, initiated a systematic vaccination and are organizing this year a special congress on tuberculosis.

A similar tuberculosis upsurge has also appeared in recent years in many schools of the country.

#### Relaxation of Measures

EEEF attributes the TB upsurge which cannot be reconciled with the high standard of living of the Greek people, to the relaxation of the anti-tuberculosis measures. Specifically, it points out that:

- a. The appropriate ministry has an organized service for fighting tuberculosis.
- b. The Tuberculosis Advisory Board has been abolished.
- c. The mobile anti-tuberculosis vaccination units have been eliminated.
- d. For lack of credits, the six mobile Microradiography Units have been reduced to two.

Additional proof of the relaxation of the fight against tuberculosis is that:

1. Of the 14 anti-tuberculosis clinics which operated in the Athens area in 1964, only one is functioning today while 29 of the country's nomes lack such clinics. In the vast majority of nomes the existing clinics are not in full operation.
2. Youth are not protected properly. Only 45,000 to 70,000 pupils are vaccinated each year out of a total of 1.6 million pupils in the country. A proper figure should be at least 400,000 vaccinations annually.

#### Toward a New TB Upsurge

The EEEF spokesmen pointed out further that the drop in TB hospital beds from 8,000 to 2,000--thus saving immense amounts of money previously used for the operation of 6,000 beds--was accompanied by a drop in credits needed for the prevention of tuberculosis and for better organizing the

anti-tuberculosis fight. The same spokesmen also warned that this relaxation [of measures] by the state breeds serious dangers for a new tuberculosis upsurge in our country similar to the one during the years between the wars when tuberculosis and malaria were literally mowing down the young people. It is unacceptable for Greece today to hold first place in number of tuberculosis cases throughout Europe.

The REEF spokesmen concluded that there is a national need to organize properly both the preventive inoculations and the timely diagnosis of the illness and also to eliminate the contamination nests through the use of modern control means and drug treatment.

7520

CSO:5400



INDIA

#### BRIEFS

GASTROENTERITIS DEATHS--New Delhi, April 9: At least 89 persons have died in a two-week long gastroenteritis epidemic in Kanyakumari district, southern India, the United News of India reported yesterday. Cholera also was reported but no deaths have been attributed to the disease.--ATA [Text]  
[Karachi MORNING NEWS in English 10 Apr 89 p 5]

DSO: 4400

## BRIEFS

SPREAD OF MENINGITIS--The Health Ministry released statistics yesterday showing that there were at least 260 reported cases of viral meningitis during the month of March. Only 11 cases of the mild illness, which affects mostly children, were reported each in Tel Aviv and Tiberias during February. In March, there were 32 cases in Tiberias and 20 in Tel Aviv. A Health Ministry spokeswoman said the disease is often transmitted through contaminated drinking water. Several outbreaks have been reported in the past because of broken sewage lines in certain neighbourhoods. Victims suffer nausea and headaches, but with treatment the symptoms usually disappear within a few days. Bacterial meningitis is a far more serious disease. Other cities where the disease struck last month were Afula, with 48 cases; Ashkelon, with 13; Beersheba, with 47; and Haifa, with 17. Doctors in Safad treated 61 victims--most of them from the Upper Galilee town of Hatzor, where the disease reached epidemic proportions in a neighbourhood where the sewage line was broken. [Text]  
[Jerusalem JERUSALEM POST in English 9 Apr 80 p 2]

CSO: 5400

## SOUTH AFRICA

### BRIEFS

TYPHOID IN OFS--Bloemfontein--Typhoid has broken out at the Onverwacht settlement near Thaba Nchu, and the nearby Moroka Hospital in Bophutha Tswana has dealt with 17 cases so far this year. Ten patients were from Onverwacht. One of them was admitted in January, two in February and seven last month. The other cases came from De Wetsdorp, Hobhouse, Tweespruit, Sannaspos, Westminster and Excelsior. Five of the patients from Onverwacht are still in hospital, two of them in a serious condition.--Sapa [Text]  
[Johannesburg RAND DAILY in English 3 Apr 80 p 4]

CSO: 5400

## VENEZUELA

### BRIEFS

GASTROENTERITIS EPIDEMIC--Caracas, 10 Apr (EFE)--It was reported here today that 453 children under 2 years of age died in Venezuela during the last 3 months, victims of a gastroenteritis epidemic. The region most affected is Caracas, where more than 12,000 cases were reported in 83 days. The health authorities attribute this situation to the proliferation of flies and accumulation of garbage in the homes as well as to environmental pollution. [Madrid EFE in Spanish 0226 GMT 11 Apr 80]

CSO: 5400

## AUSTRALIA

### BRIEFS

CATTLE-TICK FEVER--Cattle-tick fever has killed 28 cows on a North Dandalup property and has brought an emergency situation to 13 farms in the area. The problem has arisen from Kimberley cattle brought on to one of the farms last December. It is the first case of tick fever in the south of the State since 1921, but there is no risk to other cattle in the region, according to the Agriculture Department. [Excerpt] [Perth THE WEST AUSTRALIAN in English 15 Mar 80 p 2]

CSO: 5400

## BRAZIL

### LACK OF FOOT-AND-MOUTH VACCINE THREATENS CATTLE IN RIO

Rio de Janeiro O GLOBO in Portuguese 25 Mar 80 p 12

Text About 400,000 head of cattle are threatened with contracting foot-and-mouth disease in Campos and São João de Barra in northern Fluminense because the immunizing vaccine has not been for sale locally since last Saturday. In February, the Campos do Gecofa/Niteroi sector ordered the confiscation of the shipments of series 0195 to 0198 of the Fama Laboratory, alleging that the product was condemned because it caused fatal anaphylactic shocks.

In spite of the fact that the chief of Area 1 in Gecofa, Luiz de Souza Ribeiro, assured that this condemned shipment did not go to Campos, its withdrawal from the market led to a shortage of the vaccine, causing the stoppage of February vaccinations on the 20th. On the 6th of this month, vaccination began to normalize when 42,000 more doses arrived; meanwhile, they are insufficient to vaccinate the entire cattle herd in the area, which will have to be done in the next campaign, beginning on 1 June.

With the disappearance of the vaccine on the local market since Saturday, it is not known what will happen to the cattle which are not immunized. Luiz de Souza Ribeiro appeals to cattle owners to immediately report to the Gecofa sector the occurrence of foot-and-mouth disease or any other type of disease in their herds. Meanwhile, as he assured, inspectors will continue operating in grazing areas under his jurisdiction.

#### Problems

Usually this type of vaccine sold in Campos is produced by the Rhodia, Cooper, Valle, Fama and Noli laboratories, which are

now having difficulties sending new shipments. In addition to this, because it is not sold on time, the vaccine dealers prefer not to sell it.

The entire shipment has to be paid on sight and the vaccines must be kept in freezers at a temperature of 2 to 6 degrees above zero. With the constant breakdowns in the electric power supply, the vaccines are always exposed to the risk of ruin or deterioration.

The northern Fluminense cattle herd is about 1 million head. If the shortage of vaccine continues, the authorities do not dismiss the possibility of a general infection, like what happened about 3 years ago. On that occasion, the most affected municipalities were Campos, Macae, Sao Joao de Barra and Conceicao de Macabu.

8490  
CS0: 5400

## AFRICAN SWINE FEVER EMERGENCY REPORTAGE

### Emergency Measures in Santiago

Havana GRANMA in Spanish 15 Feb 80 p 3

[Text] Santiago de Cuba--A health state of emergency has been declared in this province by the IMV [Veterinary Medicine Institute] because of an outbreak of African swine fever in the adjacent province of Guantanamo. Meanwhile, Civil Defense has begun to take drastic measures in accord with the law to impede the spread of the disease.

According to these provisions, all swine in the province are receiving cholera vaccinations and there is total immobilization of swine. Shipped pork is being confiscated and all pigs in a 5-kilometer belt along the border with Guantanamo are being killed. Also checkpoints have been established.

Because of this health alert, all air, maritime and land traffic in the province is being inspected. Also disinfection centers have been set up at several sites. The people have been given instructions to report sick or dead pigs anywhere. These and other measures are taken based on Decree Law 27 which stipulates limits for keeping pigs in cities and urban zones.

### ANAP Special Announcement

Havana GRANMA in Spanish 4 Mar 80 p 3

[Text] Havana (AIN)--Following is the entire text of the message to the peasants from the national leadership of ANAP [National Association of Small Farmers] concerning the outbreak of African swine fever in Guantanamo Province.

To the peasants:

To ANAP offices at all levels:



Comrades:

There is a new outbreak of African swine fever in the country; it is considered one of the most harmful swine diseases. It was first detected in the Baracoa area, Guantanamo Province. Since then, a number of measures have been taken to prevent the spread of the disease to the rest of the country.

We all remember that African swine fever appeared for the first time in Cuba in May 1971. The measures applied then limited the disease to Havana Province where it first appeared; it did not spread to other areas of the country.

The Havana peasants contributed enormously to this objective. With their cooperation, it was possible to eliminate the sources, disinfect the area and save the pigs in the remaining provinces.

For almost 9 years, the country has remained free of swine fever but it reappeared at the beginning of this year.

We have to fight it again now. The peasants have hundreds of thousands of pigs and their cooperation is indispensable to insure compliance with the measures to detect and eradicate the disease.

All the organizations, institutions and groups committed to this task have the support of the peasant sector as in 1971 and whenever the country has needed it.

Our participation is a decisive factor in learning the actual number of pigs in the country; we must cooperate in a pig count in each area. That is a fundamental task for control and the peasants must actively cooperate.

The technical members of the Animal and Plant Health Commissions in all the cooperatives and peasant associations and the peasants themselves who raise pigs are the most obvious ones to be vigilant and detect and quickly report any dead or sick pigs in the area.

The work groups in charge of killing pigs and disinfecting the area need the cooperation of the executive boards and animal health commissions in each areas.

All peasants should know that when total elimination of the swine in an area is determined because there is a positive source of swine fever, it is because only that measure can keep the source from spreading.

The Agitation and Propaganda Commissions of each local organization play an important role in the task of informing and explaining

things to the peasants. They should be informed about the measures in order to support the executive board in this action.

It is necessary to be well aware of the danger of contagion by the movement of pigs or shipment of meat, fat or other derived products. The disease is highly contagious and the virus that causes it can be in any of these articles; even an apparently healthy pig can carry it. Therefore, pigs are not to be moved and must be kept within the boundaries of the farms.

There are other useful recommendations for the peasants that have already been applied and that should continue like the incineration of the bones and other remains of pigs that are killed even if they are not sick and their meat is used.

We should offer our strong support to these measures and all those established with the same objective. The cooperation of the peasant sector is counted on in the program to eradicate this disease. It is expected that the peasants and their leading organization, ANAP, will support this enormous effort with all its strength, the strength characteristic of the peasant masses, which is necessary to stop swine fever and free Cuba again from that threat to our plans for development in the swine sector.

We must keep ourselves well informed of what should be done in any situation that occurs, act quickly and comply carefully with the measures for vigilance and immobilization of swine. The more quickly we act to control the situation, the sooner we can repopulate the affected areas.

We must respond energetically and ignore those who try to exploit this occasion to confuse and discourage us. We must work to guarantee the results of the measures being taken and to fight with the confidence and the optimism that we have always had, with the same spirit as the Havana peasants in 1971, with the same aware and responsible attitude and, as before, we will win this battle against African swine fever.

Revolutionarily yours,

[Signed] Jose Ramirez Cruz, president

#### Veterinary Medicine Institute Report

Havana JUVENTUD REBELDE in Spanish 12 Mar 80 p 2

[Text] Havana (AIN)--The IMV gave the following information about the present situation in the zones affected by African swine fever, a disease which appeared last 26 January in Guantanamo.

About 56 farms have been affected. The situation by province is as follows.

Guantanamo: In this province, 37 farms were affected in 9 of its 10 towns. To prevent the disease from establishing itself with the subsequent risk of spreading the source of infection, it was decided to kill all the swine in this province. Now that this phase is over, this province has entered the recovery stage with the following measures: 1) vigilance to prevent reintroduction of pigs; 2) completion of disinfection program of installations used for raising pigs; 3) fight against carriers of the disease (dogs, cats, mice, etc.); 4) elimination of insects; 5) adequate disposal of garbage at collective food centers (restaurants, hospitals, worker dining rooms, etc.); and 6) industrial processing of pork from killed pigs under strict veterinary control to prevent spread of the virus.

Santiago de Cuba: At present, 12 farms have been affected in four towns (Mella, Songo-La Maya, Santiago and Palma Soriano). These have marketing relations and close socioeconomic ties with Guantanamo.

The rest of the sources of the disease have been in the northeastern part of Holguin, Tunas and Camaguey provinces. These sources were secondary as a result of shipment of pigs or contacts with the affected zone. This has permitted rapid elimination and control of the spread of the disease in these provinces.

This disease appeared with an atypical clinical manifestation, very different from that in Havana in 1971. Characterization studies of the isolated virus show it to be similar to the type of virus that is now in South America and the Caribbean area.

The most frequent clinical symptoms and pathological changes are:

- a) Rise of temperature to 39 or 41 degrees centigrade;
- b) Depression;
- c) Weakness in back feet and lack of coordination;
- d) Difficult breathing;
- e) Change in color of skin, with blue to reddish spots on ears, snout, tail and hams; and
- f) Cough and sticky secretion in eyes.

The following changes can be observed in the internal organs:

- a) Lymphatic ganglia: changes vary from small hemorrhagic areas to a blood clot;
- b) Spleen: larger than normal and congested;
- c) Kidney: looks like large blood clot; and
- d) Heart: hemorrhagic with excessive liquid around the heart and thoracic cavity.

The measures of control applied in national territory are aimed at the elimination of the virus where it appears (affected zone) and protection of unharmed areas to prevent spread.

The characteristics of the resistance of the virus show that it can remain virulent in infected blood up to 112 days, in fresh meat 180 days, in canned meat 105 days, in urine 60 days and in contaminated objects for several weeks. For these reasons, when there is an outbreak, it is necessary to study the ties between neighboring units or properties, the vehicle traffic routes close to the source and persons or animals that might have had contact with it and can become carriers.

In this way, the magnitude of the affected area is determined with an immediate count of the pigs and other animals capable of carrying the disease (dogs, cats, poultry) in order to later eliminate them. Also the products and by-products of pigs in the area produced or distributed up to 30 days before the appearance of the disease along with all garbage and debris must be incinerated.

The following measures should also be fulfilled:

1. Cleaning and extensive disinfection of installations, equipment and utensils;
2. Elimination of insects and rodents that act as carriers;
3. Elimination of grass and breaking up of ground, mixing calcium at the rate of 2 kilos per square meter; and
4. Cordoning off of the area and establishment of checkpoints to intercept any carrier that voluntarily or involuntarily tries to go to unaffected zones. The following will be confiscated: pigs, fresh meat and organs, fried or roasted pork, bacon, sausage, ham, pork rind and pork lard, bristles and ornamental objects of pig origin. Also there will be elements needed for disinfection of vehicles and shoes of travelers and pedestrians at these points.

In the unaffected areas that could be considered threatened areas because of their proximity to the affected zone, there are measures

established to prevent entrance of the disease or its spread. These areas cover the rest of the country and the unaffected towns in the affected territories. The basic measures are as follows:

1. Immobilization of pigs and ban on sale of pigs or their unprocessed products;
2. Ban on possession of pigs in urban and suburban areas in compliance with Decree Law 27;
3. Ban on garbage collection and hauling from dining rooms, warehouses and industries as a possible source of infection when not subjected to industrial processing at high temperatures;
4. Count of pigs in urban, suburban and rural areas; owners must guarantee confinement of the pigs, keeping them within their property;
5. Strict antiepidemiologic protection measures in state swine units;
6. In case of death or illness of pigs, owner must immediately notify the municipal commissions, local members of animal health commissions or the area veterinarian;
7. When it is decided to kill pigs in threatened areas, provisions must be complied with concerning use of meat and final disposal of bones and other remains (burial or incineration) to prevent the spread of the disease by insects, birds of prey, dogs, etc.; and
8. Vaccination of pigs against cholera and erysipelas.

Veterinarians, professors and students of the departments of veterinarian medicine will participate in the vigilance program established for the threatened and unaffected territories with the valuable cooperation of the members of the IMV-ANAP Animal Health Commissions. This vigilance means periodic visits to state and private farms to determine the state of health of the pigs, to detect any abnormality that suggests the presence of the disease and to carry out the pertinent laboratory research if necessary. During these visits, pertinent recommendations are given to the owners and all questions about the disease are explained.

As in the previous outbreak, the Republic of Cuba, aware of its responsibility, has dictated strict measures of control to prevent the possible spread from Cuban territory to other countries with which it has trade. These measures presently being executed are as follows:

1. Ships or airplanes going to other countries are not supplied with fresh, refrigerated or frozen pork or products derived from pigs except those that have been subjected to proper sterilization or

processing. In this case, it must be accompanied by the corresponding veterinary certificate.

2. The luggage of passengers going to foreign countries will be inspected for meat or products derived from pigs or other materials or products that can carry the disease.

3. Veterinary certification guarantees that the exports of other agricultural species and products will not spread the disease.

4. Automotive vehicles being exported are subjected to cleaning and disinfection by border veterinary services.

So far, there have not been outbreaks in other areas outside the eastern part of the country, especially where emigrants have arrived from Haiti, a country where the disease has existed since the beginning of 1979. The results of preliminary studies show that one of the possible ways of entrance is contact between pigs in this territory with the Haitian emigrants as well as with garbage of pork origin that they have brought with them.

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## AUTHORITIES FEAR CANINE PARVO VIRUS OUTBREAK

Copenhagen BERLINGSKE TIDENDE in Danish 21 Mar 80 p 2

[Article by Svend Aage Jensen]

[Text] There is concern that a new and serious canine disease has reached Denmark. It is called Parvo virus and the death rate is very high among puppies and young dogs affected.

A long-term vaccine has been produced in the United States but the demand for it is so great in the United States and in western Europe that only limited quantities are available in Denmark. Therefore the first step has been to vaccinate dogs with the most social value. This means dogs used by the police force, dogs in the armed forces, narcotics service dogs and bomb-detecting dogs. There are approximately 500 in these categories in this country. But what are the hundreds of thousands of Danish dog owners to do if they suspect their dog has been infected with the new disease?

There is a feline distemper vaccine but it is effective for only around 3 months according to Police Superintendent Erling Nielsen of the Farum Police Dog School where they are now busy giving the long-term vaccine to the many working dogs in the capital region.

### Humans Can Spread Infection

How does the disease occur and how much is known about it?

"It was first detected in the United States but now it has been found in western Europe too. It probably occurs in eastern Europe also. In puppies 3 to 8 weeks old it leads to heart infections that are universally fatal. If young dogs up to 1 year in age are infected the death rate is 50 percent. The illness is manifested by bloody diarrhea and vomiting as a result of a violent intestinal infection. The older the dog is the less risk there is that it will die from the disease."

It is thought that Parvo virus is an existing disease that has produced a variant. It is very contagious, partly because healthy dogs can have the disease and partly because people can carry the infection in their clothing, which is why no quarantine has been set up to deal with it. It is hoped that a large supply of long-term vaccine can be obtained soon so that the impact of the disease can be blunted, but it is generally accepted that this canine disease is here to stay.

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## NEW DISEASE REPORTED TO MENACE LIVESTOCK

Madras THE HINDU in English 21 Mar 80 p 8

[Text] There has, of late, been an increase in the incidence of cattle diseases. A killer virus which is identified as Infectious Bovine Rhinotracheitis (IBR) took a toll of 38 head of cattle at the Jersey Farm in Nilgiris. The death was due to a combination of the virus causing rinderpest with IBR. A spokesman for the Tamil Nadu Dairy Development Corporation has stated that IBR was totally new to this State and that the country has no vaccine to fight it. But the disease has to be fought, which means that outside help should be sought. An equally serious problem is the high rate of mortality of buffalo calves easily preventable but not tackled because the steps needed to protect the calves against inclement weather, intestinal infection and undernourishment are not being taken with sufficient vigour. Nor is the extension work--through which information on the preventive measures can be conveyed to the dairy farmers--up to the mark. Not that nothing has been achieved in this field down the decades up to now. Actually that part of a Fifth Plan project which called for the setting up of vigilance units and checkpoints to control rinderpest has been completed. There is a Centrally sponsored scheme operating in 50 districts to minimise the incidence of the foot-and-mouth disease. It must also be said that the departments of animal husbandry functioning in the States have been doing a lot to make farmers aware of the norms of better animal health. But the geographical vastness of the country and the multiplicity of the tiny dairy farming units surely require a closer and more continuous watch of the follow up action recommended by the livestock vigilance units.

The need to meet this challenge has become all the greater because a new menace to cattle health has sprouted in Africa, causing what the World Health Organisation describes as the Rift Valley Fever. This is a virus infection capable of killing cattle and causing blindness in human beings. The infection is carried by mosquitoes, by air or by contact with infected cattle or poultry. Some of those affected by the virus are known to have suffered from an inflammation of the brain, liver damage or severe bleeding. The United States has developed a vaccine which gives protection of a sort but, according to the virologists of the WHO, "a lot more research

and work needs to be done" to eliminate the menace. Improved arrangements for the quarantine of infected cattle could reduce the impact of infection. Since the WHO feels that the Rift Valley Fever can affect the entire world, India should organise preventive steps against it, as has been done by Austria, Canada, Egypt, West Germany and a host of other countries. Virologists say that the Rift Valley Fever is difficult of diagnosis in its early stages because its symptoms are similar to those of many common infections. Indian virologists in consultation with the veterinary specialists should pointedly strive to unmask cases which may otherwise go undetected.

CSO: 5400

BRIEFS

CATTLE DISEASE IN KASKI--Pokhara, March 23: Cattle and fowl are falling prey to heemorrhagic septicaemia in Shishuwa and Arghan village panchayats in Kaski district, reports RSS. According to local farmers the disease has so far claimed ten animals and fowl. Meanwhile, local veterinary hospital said it has no reports about the disease. [Text]  
[Kathmandu THE RISING NEPAL in English 24 Mar 80 p 3]

CSO: 5400

ZAMBIA

BRIEFS

EAST COAST FEVER OUTBREAK--The government has banned the movement of livestock in the northern province because of the suspected outbreak of east coast fever at Kasama dairy farm. Senior livestock officer Mr (?Chadzika Phiri) said that, due to the suspected livestock disease in the district, the movement of oxen from (Mungwi) to Mpika for use by farmers there has been stopped and the oxen have been quarantined at (Mungwi) Farm Institute until the killer disease is contained. [Text] [LD151022 Lusaka Domestic Service in English 0500 GMT 15 Apr 80]

CSO: 5400

## AUSTRALIA

### BRIEFS

**DIEBACK IN QUEENSLAND**--A disease is threatening thousand of native trees in south and central Queensland. The concition, dieback, has destroyed vast tracts of woodland in other states. State Forestry Department forest entomologist, Mr Ross Wylie, said yesterday, bad environmental management usually caused dieback--where trees are defoliated and gradually died. Mr Wylie estimated more than 10,000 sq kim of the state was affected. He said the coastal strip from the New South Wales border to Bundaberg, souther border areas, the catchments of the Brisbane, Mary and Burnett Rivers and around Monto and Eidsvold in south-west Queensland were the worst affected areas in Queensland. [Excerpt] [Brisbane THE COURIER-MAIL in English 12 Mar 80 p 3]

**PALM LETHAL YELLOWING**--The Primary Industries Department will investigate the possibility that an American disease may be killing Brisbane palm trees. The disease known as lethal yellowing takes about six months to kill palm trees. A Brisbane City Council spokesman said yesterday that if the disease was present in Queensland, it could be disastrous to the developing Queensland palm export industry. The council has asked the department to investigate following reports of many dying Brisbane palm trees. [Excerpt] [Brisbane THE COURIER-MAIL in English 7 Mar 80 p 7]

CSO: 5400

MINISTER STRESSES NEED FOR RED LOCUST CONTROL

Gaborone DAILY NEWS in English 26 Mar 80 p 1

[Text]

The services of the Red Locust Control Organisation are very much needed since its main purpose is to patrol and survey locust outbreaks.

Assistant Minister of Agriculture Mr G.U.S. Matlhabaphiri said this when officially opening a two-day Executive Committee meeting of the International Red Locust Control Organisation for Central and Southern Africa (IRLCO-CSA) in Gaborone this week.

Mr Matlhabaphiri noted that at present in Botswana Red Locusts are extinct. He said many people, especially the young generation, have not seen a red locust and this may pose in the mind of some people the question why Botswana is a member of an organisation such as the IRLCO-CSA which is concerned with Red Locust Control.

"But the plagues of 1930 to

1944 which caused extensive damage to the whole central and southern Africa are a good reminder to those of us in southern Africa that the South is vulnerable to the Red Locust," he said.

The Assistant Minister said Botswana shares its borders to the north with countries which have outbreak areas. And the report that hoppers were seen in Southern Angola last year and the speculation that these could have originated from northern Botswana or the Caprivi are good reasons enough to justify Botswana's active participation and membership in the organisation.

Mr Matlhabaphiri said if the Organisation has not surveyed the Kafue Flats, it would be a worthwhile exercise to do so, because the area is known to have produced incipient out-

breaks in 1962. He said Savuti Marsh and Mababe Depression in the northern Botswana are other possibilities.

"As I cautioned earlier on, the implication of the Red locust outbreak cannot be over-emphasized. We have all heard from our elders about tales of the locust plague.

"I am told one square mile area may contain a swarm containing at least 100 million hoppers.

"The damage that can be caused by 100 million locusts is quite out of reach of imagination. But when one considers that a hopper weighs two grammes and that each hopper consumes food in one day equivalent to its own body, then the damage these hoppers can cause becomes realistic," he stressed.

CSO: 5400

# DIFFICULTIES IN CONTROLLING CITRUS CANKER IN SAO PAULO CITED

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 15 Mar 80 p 24

[Text] Campinas--Lack of proper organization and "unsound administrative machinery still going strong"--these are the factors pointed out by Antonio de Siqueira Campos, responsible for carrying out the campaign to eradicate citrus canker in Sao Paulo, as difficulties encountered by the experts involved in the program aimed at controlling the disease, indications of which were recently discovered in the important area of citriculture export. In a meeting of plant-bacterial health experts which ended day before yesterday in Campinas, Siqueira Campos gave a warning: "Now more than ever, Brazilian citriculture is finding itself dangerously threatened by citrus canker; if this is not combated through a serious and responsible program, it will mean the extinction of this promising economic activity."

Helio Teixeira Alves, national secretary of the Office of Plant Health Protection, representing the Ministry of Agriculture, stated in the meeting that, after 23 years of this type of campaign, there were still imperfections on the part of the federal government and the states involved, including Sao Paulo. He also advised that approval has just been given to a plan involving funds totaling 1.2 billion cruzeiros to eradicate, within a period of 3 years, all focal points in the contaminated states (Sao Paulo, Parana, Mato Grosso do Norte and Mato Grosso do Sul).

## Fiasco

Agronomist Antonio de Siqueira Campos gave a pessimistic picture of the results obtained by the national campaign up to now, posing the question: "What success could be expected from a campaign when, paradoxically, its implementation at the regional level is given to individuals who no longer believe in it and who are admitted apologists of peaceful coexistence with citrus canker?"

Recalling that Brazil is the second largest producer of oranges and the largest exporter of concentrated citrus juice in the world, which amounts to \$400 million in the trade balance, Campos asserted that Brazil is

running the risk of becoming "an importer to satisfy a privileged elite, as is happening in Argentina which, some time ago, chose the alternative of peaceful coexistence with citrus canker."

According to the agronomist, a "general attack against the disease" must be initiated immediately. Campos added that, if citrus canker is not completely controlled, oranges could become "a luxury product with no possibility of meeting domestic consumption and, much less, competing on the foreign market."

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END



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